



Notice of Independent Review Decision

Date notice sent to all parties: July 05, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI @ L4-L5 under fluoroscopy w/IV sedation (62311, 77003)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)
X Overturned (Disagree)
Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
724.4	62311		Prosp.						Overturn
724.4	77003		Prosp.						Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Certification of independence of the reviewer and TDI case assignment.
2. TDI case assignment.
3. Letters of denial 04/24/12, 05/14/12 and 06/05/12, including reviews and screening criteria used in the denial.
4. Radiology reports 03/29/11, 04/13/11, 09/15/11, 07/21/11 and 10/20/11.
5. Physical exam 09/07/11.
6. Operative report 03/27/12.
7. Treating doctor's evaluations and follow up 10/13/11 – 06/04/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a work-related injury in xx/xx/xx consisting of low back and some radicular symptomatology. Eventually, he underwent a lumbar epidural steroid injection with 60 to 70 percent of improvement in his back pain. According to the latest progress note, the back pain improvement has been sustained for at least six weeks, but there is still some evidence of antalgic gait, as well as some increase in symptomatology in a gradual manner. Therefore, a second lumbar epidural steroid injection has been requested.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Given that the claimant has described radicular symptomatology, which has corresponded with examination findings including nerve root tension testing, et cetera, it is reasonable to proceed with a second lumbar

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epidural steroid injection given his response to the first injection that has been sustained, but it is gradually reverting with increasing pain. It is, therefore, medically reasonable and necessary for this claimant to proceed with a second lumbar epidural steroid injection for further benefit to be realized and for optimization of this treatment approach.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)